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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/518,110
Filing Date	October 26, 2005
First Named Inventor	Lynne Canne Bannen
Art Unit	1626
Examiner Name	Fiona Powers
Attorney Docket Number	02-280-F

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input type="checkbox"/> Fee Attached</li> </ul>	<input type="checkbox"/> Drawing(s) <ul style="list-style-type: none"> <li><input type="checkbox"/></li> <li><input type="checkbox"/> Licensing-related Papers</li> </ul>	<input type="checkbox"/> After Allowance Communication to TC <ul style="list-style-type: none"> <li><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</li> <li><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</li> <li><input type="checkbox"/> Proprietary Information</li> <li><input type="checkbox"/> Status Letter</li> <li><input checked="" type="checkbox"/> Other Endosure(s) (please Identify below) Request for Corrected Filing Receipt and Copy of Filing Receipt with Corrections Noted Thereon.</li> </ul>
<input type="checkbox"/> Amendment/Reply <ul style="list-style-type: none"> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> </ul>	<input type="checkbox"/> Petition <ul style="list-style-type: none"> <li><input type="checkbox"/> Petition to Convert to a Provisional Application</li> <li><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</li> <li><input type="checkbox"/> Terminal Disclaimer</li> <li><input type="checkbox"/> Request for Refund</li> <li><input type="checkbox"/> CD, Number of CD(s) _____</li> <li><input type="checkbox"/> Landscape Table on CD</li> </ul>	
<input type="checkbox"/> Extension of Time Request		
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <li><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</li> </ul>		
	<input type="checkbox"/> Remarks	
	Please charge any underpayments and/or credit any overpayments to Deposit Account No. 13-2490.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	McDonnell Boehnen Hulbert & Berghoff LLP		
Signature	/Michael S. Greenfield/		
Printed name	Michael S. Greenfield		
Date	November 12, 2009	Reg. No.	37,142

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	/Michael S. Greenfield/	Date	November 12, 2009
Typed or printed name	Michael S. Greenfield		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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